



Serving the People of California

This form will be the basic record of YOUR ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES WHICH EXCEED \$100.00.** Please read the **INSTRUCTIONS** on the back before completing this form. **PLEASE PRINT OR TYPE.** Return this form to:

EMPLOYMENT DEVELOPMENT DEPARTMENT  
TAX STATUS & EXAM GROUP MIC 28  
PO BOX 826880  
SACRAMENTO CA 94280-0001  
(916) 654-7041 FAX (916) 654-9211

## REGISTRATION FORM FOR COMMERCIAL EMPLOYERS

DEPT USE

ACCOUNT NUMBER								QUARTER		ETCSO		FED CODE		ON-LINE PROCESS DATE		TAS CODE	

<b>A. BUSINESS NAME</b>				OWNERSHIP BEGAN OPERATING MONTH:      DAY:      YEAR:		FEDERAL I.D. NUMBER	
<b>B. OWNER, CORPORATION, LLC, LLP NAME</b>				SSA/CORP/LLC/LLP I.D. NO.		DRIVER'S LICENSE NUMBER	
List all partners* or corporate officers or LLC members/managers/officers		TITLE (partner, officer title, LLC member/manager)		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
*If entity is a <b>Limited Partnership</b> , indicate General Partner with an (*). List additional partners, LLC members/officers/managers on a separate sheet.							
<b>C. BUSINESS LOCATION</b> Street and Number (see instructions)				CITY OR TOWN		STATE	
MAILING ADDRESS (in care of P.O. Box or Street and Number)				CITY OR TOWN		STATE	
				ZIP CODE		COUNTY	
				ZIP CODE		PHONE NUMBER (      )	
<b>D. HAVE YOU EVER BEEN REGISTERED WITH THE DEPARTMENT?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS</b> ACCT NUMBER      BUSINESS NAME      ADDRESS					
<b>E. INDICATE FIRST QUARTER AND YEAR IN WHICH WAGES EXCEED \$100.</b> <input type="checkbox"/> Jan.-Mar. 19__ <input type="checkbox"/> Apr.-June 19__ <input type="checkbox"/> July-Sept. 19__ <input type="checkbox"/> Oct.-Dec. 19__				<b>F. WILL YOU BE SUBJECT TO FEDERAL MONTHLY/SEMI-WEEKLY DEPOSITS?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>G. ORGANIZATION TYPE</b> <input type="checkbox"/> (IN) INDIVIDUAL OWNER <input type="checkbox"/> (JV) JOINT VENTURE <input type="checkbox"/> (LQ) LIQUIDATION <input type="checkbox"/> (LC) LIMITED LIABILITY CO. <input type="checkbox"/> (HW) HUS/WIFE CO-OWNERSHIP <input type="checkbox"/> (RC) RECEIVERSHIP <input type="checkbox"/> (LP) LIMITED PARTNERSHIP <input type="checkbox"/> (PL) LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> (GP) GENERAL PARTNERSHIP <input type="checkbox"/> (BK) BANKRUPTCY <input type="checkbox"/> (TR) TRUSTEESHIP <input type="checkbox"/> (OT) OTHER (Specify) _____ <input type="checkbox"/> (CP) CORPORATION <input type="checkbox"/> (AS) ASSOCIATION <input type="checkbox"/> (EA) ESTATE ADMINISTRATION							
<b>H. EMPLOYER TYPE</b> (see instructions) <input type="checkbox"/> (01) Commercial <input type="checkbox"/> (10) Church <input type="checkbox"/> (11) Indian Reservation <input type="checkbox"/> (22) Pacific Maritime <input type="checkbox"/> (25) Fishing Boat						NUMBER OF EMPLOYEES	
<b>I. BUSINESS TYPE</b> <input type="checkbox"/> (N) Mining <input type="checkbox"/> (F) Finance <input type="checkbox"/> (I) Insurance <input type="checkbox"/> (C) Construction <input type="checkbox"/> (B) Communications <input type="checkbox"/> (E) Real Estate <input type="checkbox"/> (M) Manufacturing <input type="checkbox"/> (S) Services <input type="checkbox"/> (O) Other _____ <input type="checkbox"/> (T) Transportation <input type="checkbox"/> (L) Utilities <input type="checkbox"/> (R) Retail Trade <input type="checkbox"/> (W) Wholesale Trade				1) Describe kind of product or type of service:  2) If MANUFACTURING, list principal products in order of importance.			
<b>J. CONTACT PERSON FOR BUSINESS</b>		NAME		ADDRESS		PHONE (      )	
<b>K. SUPPORTIVE SERVICES</b> If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes. (1) <input type="checkbox"/> Control Administrative (headquarters, etc.)    (3) <input type="checkbox"/> Storage (warehouse)    (5) <input type="checkbox"/> Does not apply (2) <input type="checkbox"/> Research, development, or testing    (4) <input type="checkbox"/> Other (specify)							
<b>L. IS THIS A(N):</b> <input type="checkbox"/> New business <input type="checkbox"/> On-going business just purchased ( <input type="checkbox"/> All <input type="checkbox"/> Part ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Change of partner(s) <input type="checkbox"/> Change in form - (Sole proprietor to partnership; partnership to corporation; merger; corporation to LLC, etc.) IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION: Previous Owner      Business Name      Purchase Price      Date of Transfer      EDD Account Number							
<b>M. DECLARATION</b> These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned.  Signature _____ Date _____ Residence Phone (      ) _____  Title _____ Residence Address _____ (Owner, Partner, Officer, Member, Manager, etc.)      Street      City      State      ZIP Code							

# INSTRUCTIONS FOR REGISTRATION FORM FOR COMMERCIAL EMPLOYERS

An employer is required by law to file a registration form with the Employment Development Department (EDD) within **fifteen (15) calendar days** after paying over \$100 in wages for employment in a calendar quarter, or whenever a change in ownership occurs. Complete this DE 1 and file at address shown on front of form.

- A. BUSINESS NAME** - Give the name by which your business is known to the public. Enter "None" if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s). If not assigned, enter "Applied For."
- B. OWNER, CORPORATION, LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP) NAME** - Enter the full given name, middle initial, surname, title, social security account number, and driver's license number for each individual, partner, corporate officer, LLC member/officer/manager. Enter a corporation, LLC or LLP name exactly as spelled and registered with the Secretary of State. Include California corporate, LLC or LLP identification number.
- C. BUSINESS LOCATION** - Enter the California address and county where the business in A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. In Mailing Address, enter the address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter "Same." Provide daytime business phone number.
- D. PRIOR REGISTRATION** - If any part of the ownership in B is operating or has ever operated at another location, check "Yes" and provide account number, business name and address.
- E. WAGES** - Check the appropriate box when you first paid \$100 or more in wages.
- F. PIT WITHHOLDING** - Check appropriate box. If you are not sure if you are subject to federal monthly/semi-weekly Personal Income Tax deposits, contact your local Employment Tax Customer Service Office (ETSCO).
- G. ORGANIZATION TYPE** - Check the box which best describes the legal form of the ownership in B.
- H. EMPLOYER TYPE** - Check the box which best describes your employer type. Enter the total number of employees for the ownership in B.
- I. BUSINESS TYPE** - Check the box which best describes your business type. Describe the particular product or service rendered.
- J. CONTACT PERSON** - Enter the name and phone number of the person authorized by the ownership shown in B to provide information to EDD staff.
- K. SUPPORTIVE SERVICES** - Check the box which best describes the supportive services provided by B.
- L. STATUS OF BUSINESS** - Check the box that best describes why you are completing this form. If the business was previously owned, provide owner and business name, purchase price, date ownership was transferred to this ownership and EDD account number.
- M. DECLARATION** - This declaration should be signed by one of the names shown in B.

**NEED MORE HELP OR INFORMATION?** Call Tax Status and Examination Group (TSEG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETSCO) listed in your local telephone directory under State Government, Employment Development Department or call the Sacramento ETSCO at (916) 255-1965.

Three options for obtaining a new employer account number are available: by mail, by calling at (916) 654-7041 to obtain your account number over the phone or by 24-hour FAX service at (916) 654-9211. All three options require that a registration form be completed and mailed to: Employment Development Department, Tax Status & Examination Group MIC 28, PO Box 826880, Sacramento CA 94280-0001.

We will **notify** you of your **EDD Identification Number** by mail. To help you understand your tax withholding and filing responsibilities, you will be sent a **California Employer's Guide, DE 44**. Please keep your account status current by notifying TSEG of all future changes to the original registration information.